

0.300  
0.40

FILED MAY 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15792**

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>157</u>   |  | PRIMARY REG. DIST. NO. <u>3028</u>  |  | Registrar's No. <u>79</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u><br>b. CITY OR TOWN <u>Carthage</u><br>c. LENGTH OF STAY (in this place) _____<br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. McCune Brooks Hosp.</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Jasper</u><br>c. CITY OR TOWN <u>Carthage</u><br>d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>STREET ADDRESS (If rural, give location) <u>1103 River</u> |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Jackie</u><br>b. (Middle) <u>Lee</u><br>c. (Last) <u>Ogle</u>  |  | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>7</u> Year <u>1955</u>  |  | 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>  |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>   |  | 8. DATE OF BIRTH<br>Month <u>12</u> Day <u>29</u> Year <u>1935</u>  |  | 9. AGE (In years last birthday) <u>19</u>   |  | 10. IF UNDER 1 YEAR Months _____ Days _____                                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Cheese Plant</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carthage, Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME <u>John V. Ogle</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Goldie Patterson</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>None</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>   |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>John V. Ogle, 1103 River, Carthage</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br><br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injuries multiple extensive instantaneous</u><br>ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (c) _____<br>2. OTHER SIGNIFICANT CONDITIONS (d) <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH _____  |  |  |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____                    |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Carthage Jasper Mo.</u>   |  | 21f. HOW DID INJURY OCCUR? <u>Automobile accident on highway</u>                 |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-7-55</u> m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  |   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>April 19, 1955</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.  |  |   |  |   |  |  |  |
| 23a. SIGNATURE <u>Walter H. H. Jones</u>  |  | 23b. ADDRESS <u>1103 River</u>  |  | 23c. DATE SIGNED <u>5/15/55</u>   |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>5-10-55</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Foster Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Jasper County Mo.</u>           |  |
| DATE REC'D BY LOCAL REG. <u>5-16-55</u>   |  | REGISTRAR'S SIGNATURE <u>W. H. H. Jones</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Ulmer Funeral Home, Carthage, Mo.</u>  |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed MAY 25 1957

APR 8 1957

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed William B. Centu

Licensed Embalmer No. 48

P. O. Address Barth

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.